

Equied Franchisee Questionnaire

Fill out this digital form, Save and Email back to info@equied.com

Thank you for your interest in franchising with Equied! Please complete this form to help us understand your background and goals as a prospective franchisee.

CONTACT INFORMATION

Full Name

Phone

Email

Preferred Location for Franchise

WORK EXPERIENCE

Current Occupation

Do you have experience working with horses or in equine therapy?	yes	no
Do you have any experience in lecturing or teaching?	yes	no
If yes , please provide details of your experience:		

Do you have prior experience in managing or operating a business?	yes	no
If yes , please describe your experience		

Have you ever owned a franchise business?

no

yes

If yes, please provide details



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FINANCIAL INFORMATION

Are you prepared to meet the financial investment to open an Equied franchise? yes no Please specify the available capital you can allocate toward this franchise (EUR):

GOALS & VISION

Why are you interested in owning an Equied franchise? (Please briefly describe what draws you to Equied and equine therapy)

What is your long-term vision for your Equied franchise? (Describe what you hope to achieve by becoming a franchisee)

How do you plan to market and promote your Equied franchise in your community?

What sets you apart from other potential franchisees? (Please describe any unique qualities, skills, or experiences)

COMMITMENT & AVAILABILITY

Are you able to dedicate yourself full-time to managing an Equied franchise? ^{yes no}

If no, please describe your intended level of involvement.



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Are you available to complete Equied's franchisee training program before opening your location?

Yes No

If **no**, please provide details on any scheduling constraints.

ADDITIONAL INFORMATION

How did you hear about Equied and the franchise opportunity?

Any additional questions or comments?